



APPLICATION FOR PERMIT  
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

RECEIVED

☐ SURFACE WATER

☒ GROUND WATER

FEB 9 1977

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION  
(GRAY BOXES FOR OFFICE USE ONLY) DEPARTMENT OF ECOLOGY  
CENTRAL REGIONAL OFFICE

APPLICATION NO. <b>G 424542</b>	W.R.I.A. <b>31</b>	COUNTY <b>Klickitat</b>	PRIORITY DATE <b>2/9/77</b>	TIME <b>1330</b>	ACCEPTED <b>AM</b>
APPLICANT'S NAME <b>(McBride Ranches Inc)</b>				BUSINESS TEL. <b>896 8193</b>	
ADDRESS (STREET) <b>Rt 1 Box 171</b>				HOME TEL.	
(CITY) <b>Bickleton</b>				(STATE) <b>WA</b>	
DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION <b>Bickleton 1961</b>				(ZIP CODE)	

1. SOURCE OF SUPPLY

IF SURFACE WATER SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)  TRIBUTARY	IF GROUND WATER SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.) <b>A well</b> SIZE AND DEPTH <b>22" X 900'</b>
---	---

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)  
**Irrigation**

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF: <b>16 cfs</b>	CUBIC FEET PER SECOND CFS	OR	GALLONS PER MINUTE <b>3600</b> GPM	ACRE FEET PER YEAR
--	------------------------------	----	--	--------------------

TIMES DURING YEAR WATER WILL BE REQUIRED  
**Irrigation Season**

**(Irrigation during irrigation season)**

IF IRRIGATION, NUMBER OF ACRES <b>480</b>	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC.	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
DATE PROJECT WAS OR WILL BE STARTED <b>Spring 1977</b>	DATE PROJECT WAS OR WILL BE COMPLETED	

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION <b>30</b>	TOWN <b>5</b>	RANGE <b>23</b>	ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION
-----	-------	------------------------------------	----------------------	------------------	--------------------	--

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) <b>S 1/2 Sec 29</b>	SECTION <b>29</b>	TOWNSHIP N. <b>5 N</b>	RANGE (E. OR W.) W.M. <b>23 E</b>	COUNTY <b>Klickitat</b>
--	----------------------	---------------------------	--------------------------------------	----------------------------

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER  
**yes**

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY. OR, COPY CAREFULLY IN THE SPACE BELOW.

**SW 1/4 28**  
**Sec 29**  
**TSN R23E**  
**N 1/2 SW 1/4, N 1/2 SE 1/4 Sec 29**  
**N 1/2 S 1/2 Sec 29 TSN R23E**  
**and SW 1/4 28 TSN R23E**



WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACTOR, PURCHASER, ETC.)

owner

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☐ YES

☒ NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

circles

REMARKS

7.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

McBride Ranches Inc.  
By C.E. McBride, Pres

LEGAL LANDOWNER'S SIGNATURE

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows: .....

In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this.....day of....., 19.....

Department of Ecology